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FOR IMMEDIATE RELEASE

May 11, 2004

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Johnson: Chronic Illness Care Boosts Quality of Life

Health Subcommittee Hearing Focuses on New Medicare Benefits

WASHINGTON, D.C. – At a hearing of the House Ways and Means Health Subcommittee today, Congresswoman Nancy Johnson said new chronic care benefits will improve both the health of seniors living with multiple chronic illnesses and the health of Medicare.

“Seniors’ health needs have changed, but Medicare has not. With passage of the new law, Medicare will now be able to deliver preventive and chronic care benefits to slow or stop the progress of chronic diseases,” said Johnson, who chairs the Health Subcommittee and led the effort to bring chronic disease management programs to Medicare.

“High quality care can only be delivered by a high quality team of care providers in close coordination with patients. Health care in the 21st century needs to be team strong and technology smart. This chronic care initiative is a great leap forward in quality, and will free teams of caregivers to help seniors improve their health and quality of life. And by helping seniors stay healthier and out of high-cost settings like hospitals and emergency rooms, we help shore up Medicare for seniors today and taxpayers who will rely on it in the future,” Johnson said.

The initiative, known as the Chronic Care Improvement Program (CCIP), will reach about 150,000 to 300,000 beneficiaries who are enrolled in traditional fee-for-service Medicare and who have multiple chronic conditions, including congestive heart failure, complex diabetes, and chronic obstructive pulmonary disease. It was authorized by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, the legislation that also added a prescription drug benefit to Medicare.

“We at CMS fully expect this program to improve beneficiary health outcomes, increase their satisfaction with the services they receive through Medicare, better the partnership between caregivers and patients, and save the Medicare program money. It is an innovative model for care delivery, focusing on preventing problems, rather than allowing them to develop in the first place,” said Dr. Mark McClellan, Medicare’s Administrator, during testimony today before the Health Subcommittee.

“I would like to make particular note of the work that Chairwoman Johnson did to champion this new program and let her know that we believe that her work will make a real difference in the lives of hundreds of thousands of Medicare beneficiaries across the country who suffer from chronic ailments,” McClellan added.

Chronic conditions are a leading cause of illness, disability, and death among Medicare beneficiaries and account for a disproportionate share of health expenditures. Seniors with five or more chronic conditions represent only 20 percent of the Medicare population but 66 percent of all Medicare spending. Studies of Medicare spending by chronic illness have found:

- About 14 percent of Medicare beneficiaries have congestive heart failure but account for 43 percent of Medicare spending.
- About 18 percent of Medicare beneficiaries have diabetes but account for 32 percent of Medicare spending.

Studies show minorities suffer from chronic illnesses at higher rates and are in greatest need of chronic disease management to reduce health disparities.

- 23 percent of African-American males and 23.5 percent of Hispanic males aged 65-74 have diabetes compared to 16.4 percent of white males.
- 25.4 percent of African-American females and 23.8 percent of Hispanic females aged 65-74 have diabetes compared to 12.8 percent of white females.

Dr. McClellan gave several examples of how disease management programs help beneficiaries coordinate care among multiple providers and treatment regimens. One example, Mrs. Jones, a beneficiary with heart failure, was given the option of using a 1-800 number to call and report her weight on a daily basis, or the option of using equipment that would report automatically.

If her weight increases by more than a certain amount over a week, her physician would be notified immediately. The weight gain could be an indication that Mrs. Jones is retaining fluid, which could be a reflection of her heart failure flare-up. With such a timely notification, the physician could adjust Mrs. Jones' medication over the phone, or do a simple, quick checkup in the office before a serious complication occurs, saving Mrs. Jones an unpleasant trip to an emergency room or worse.

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